

**Work Order ID 136841**

September 10, 2015 3:42:12 PM

**\*136841\***

Page 1

Item ID: D3885-1      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Standard Web  
Start Date: 9/10/2015      Start Qty: 10.00      **\*10\***      Cust Item ID:  
Required Date: 9/24/2015      Req'd Qty: 10.00      **\*10\***      Customer:  
Reference:

Approvals:      Process Plan: SA      Date: 20150910      Tooling:      Date:      Run Start **\*NR1\***  
QC:      Date:      SPC (Y/N):      Date:      Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D3885                          | B                        |                      |         |        |              |               |               |                  |                |

100

0.00

**\*100\***

Purchasing

Memo

0.00

Purchasing

Purchasing

Issue P/O:

Supplier: WEJAY

Machine as per Dwg D3885

Conformity sheet required

CL

OCT 05 2015

10

110

Receive &amp; Inspect for Damage &amp; Mat'l Certs

0.00

**\*110\***

Packaging

Memo

0.00

Packaging

10X SP13-10-28

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                              |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : <input type="checkbox"/> |                       |                                              |  |

**Work Order ID 136841**

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Page 2

Item ID: D3885-1      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Standard Web  
Start Date: 9/10/2015      Start Qty: 10.00      **\*10\***      Cust Item ID:  
Required Date: 9/24/2015      Req'd Qty: 10.00      **\*10\***      Customer:  
Reference:

Approvals:      Process Plan: \_\_\_\_\_      Date: \_\_\_\_\_      Tooling: \_\_\_\_\_      Date: \_\_\_\_\_      Run Start **\*NR1\***  
QC: \_\_\_\_\_      Date: \_\_\_\_\_      SPC (Y/N): \_\_\_\_\_      Date: \_\_\_\_\_      Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 120                            | QC6- Inspect dimensions to drawing      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                         |                      |         |        |              |               |               |                  | DAS            |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  | 9              |
| Quality Control                |                                         |                      |         |        |              |               |               |                  | 9-89           |
| 130                            | Chemical Conversion Coat per QSI005 4.1 | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                         |                      |         |        |              |               |               |                  |                |
| HandFinish                     | Memo                                    | 0.03                 |         |        |              |               |               |                  |                |
| Hand Finishing                 |                                         |                      |         |        |              |               |               |                  |                |
| 140                            | QC7-Inspect Chemical Conversion Coat    | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                         |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                    | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                         |                      |         |        |              |               |               |                  |                |

10x 15-10-28

10x 15-11-06

15-11-4

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                               |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | MRB (QSI042) Approval                          |                                               |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                            | Completed By                                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | Lead hand / Supervisor Approval Verification   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            | QC / QA Coordinator Approval                   |                                               |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                            |                                                |                                               |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                |                                               |

**Work Order ID 136841**

September 10, 2015 3:42:12 PM

**\*136841\***

Page 3

Item ID: D3885-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Standard Web  
Start Date: 9/10/2015 Start Qty: 10.00 **\*10\*** Cust Item ID:  
Required Date: 9/24/2015 Req'd Qty: 10.00 **\*10\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 150                            | Identify as per dwg & Stock Location:       | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                        | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | LOCATION : LG002                            |                      |         |        |              |               |               |                  |                |
|                                |                                             |                      |         |        |              |               |               |                  |                |
| 160                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

MLJ NOV 05 2015

MLJ NOV 05 2015

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QS1042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

# Picklist Print

September 10, 2015 3:42:18 PM

Page 1

Work Order ID: 136841

**\*136841\***

Parent Item: D3885-1

**\*D3885-1\***

Parent Item Name: Standard Web

Start Date: 9/10/2015

Required Date: 9/24/2015

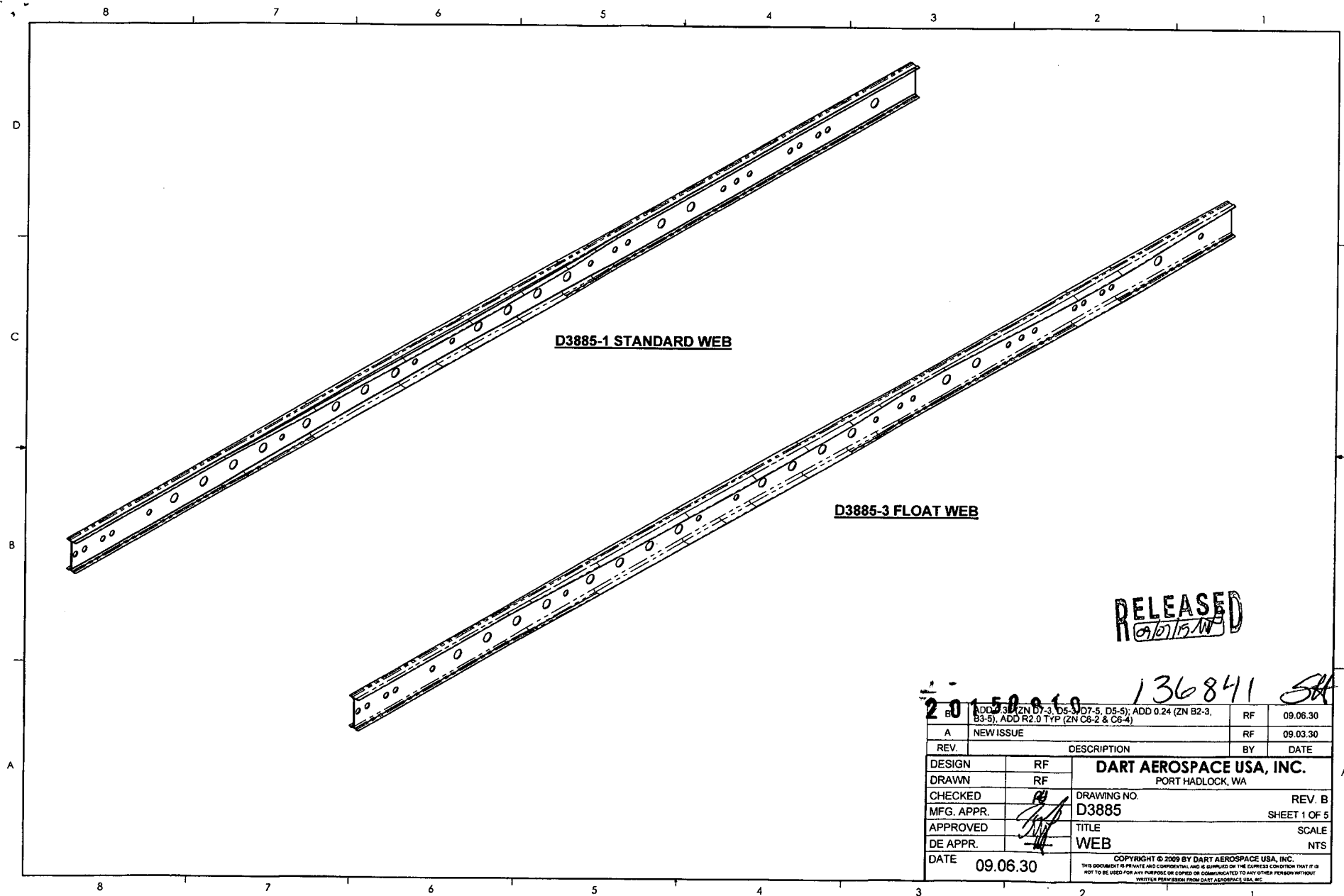
Start Qty: 10.00

Required Qty: 10.00

Comments: IPP RevA: New issue DD verified by:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty   | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|----------------|---------------|----------------|--------|
| D3885-1P                        |                        | Purchased     | No          |                     |                  |                 | Each               | 0.0000          |             | 10             |               |                |        |
| <b>*D3885-1P*</b>               |                        |               |             |                     |                  |                 |                    |                 | <b>**</b>   | 10x SP15-10-28 |               |                |        |
| Standard Web                    |                        |               |             |                     |                  |                 |                    |                 |             |                |               |                |        |
| D3882-1-130                     |                        | Manufactured  | No          |                     |                  | 110             | Each               | 26.0000         | 1           | 10             |               |                |        |
| <b>*D3882-1-130*</b>            |                        |               |             |                     |                  |                 |                    |                 | <b>**</b>   |                |               |                |        |
| Extrusion "I" Beam              |                        |               |             |                     |                  |                 |                    |                 |             |                |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |                |               |                |        |
|                                 |                        |               |             | LG002               |                  | 26              |                    |                 |             |                |               |                |        |
|                                 |                        |               |             | 119702              |                  | 26              |                    |                 |             |                |               |                |        |

**(10)** **DD** 15-9-15



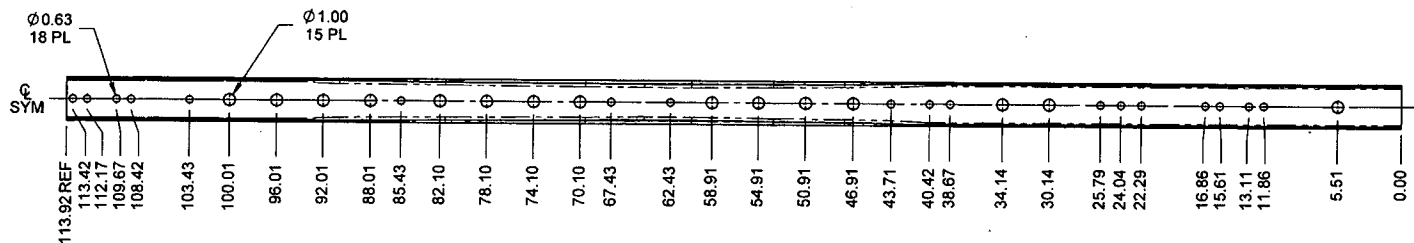
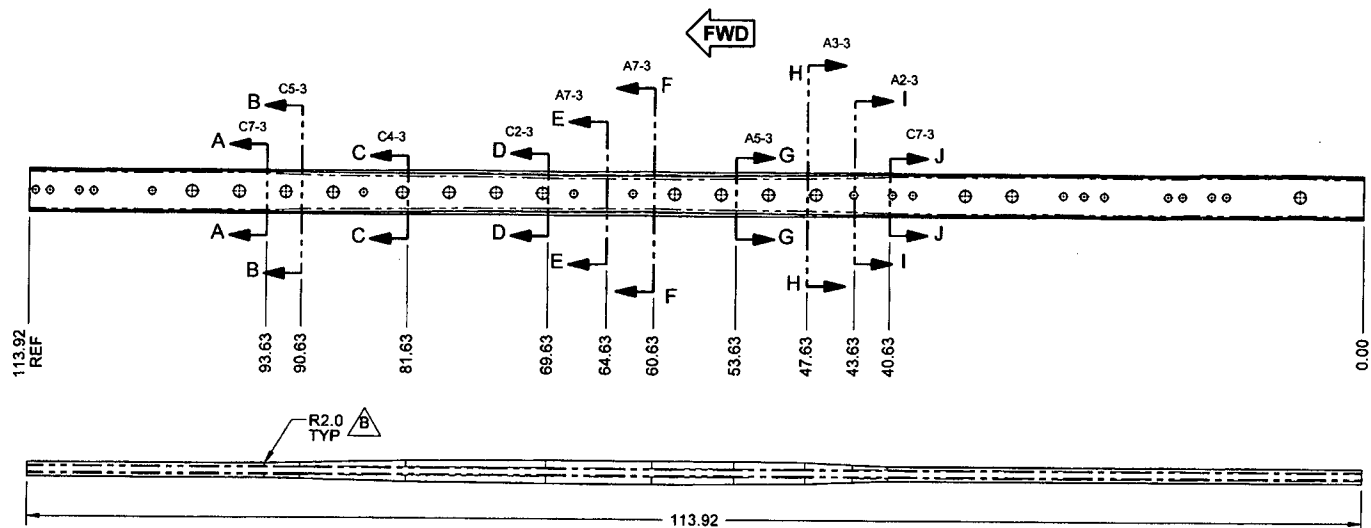
RELEASED  
09/07/15 W

20150610 136841 SA

|            |             |                                                                                               |       |              |          |
|------------|-------------|-----------------------------------------------------------------------------------------------|-------|--------------|----------|
| B          |             | ADD 0.30 (ZN D7-3, D5-3, D7-5, D5-5); ADD 0.24 (ZN B2-3, B3-5); ADD R2.0 TYP (ZN C6-2 & C6-4) |       | RF           | 09.06.30 |
| A          |             | NEW ISSUE                                                                                     |       | RF           | 09.03.30 |
| REV.       | DESCRIPTION |                                                                                               |       | BY           | DATE     |
| DESIGN     | RF          | DART AEROSPACE USA, INC.                                                                      |       | REV. B       |          |
| DRAWN      | RF          | PORT HADLOCK, WA                                                                              |       | SHEET 1 OF 5 |          |
| CHECKED    | RF          | DRAWING NO.                                                                                   | D3885 | SCALE        |          |
| MFG. APPR. | RF          | TITLE                                                                                         | WEB   | NTS          |          |
| APPROVED   | RF          |                                                                                               |       |              |          |
| DE APPR.   | RF          |                                                                                               |       |              |          |
| DATE       | 09.06.30    |                                                                                               |       |              |          |

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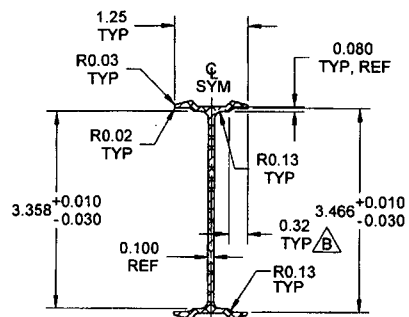
# **D3885-1 STANDARD WEB**

**RELEASED**  
09/07/15

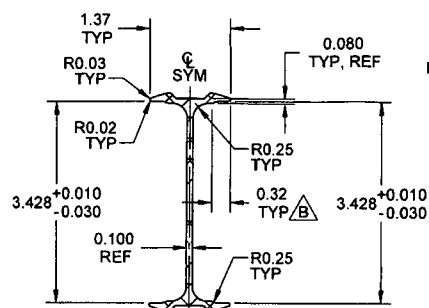
## **D3885-1 NOTES:**

- 1) MATERIAL: MAKE FROM D3882-1-130 EXTRUSION
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3885-1" USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 8.51 lbs

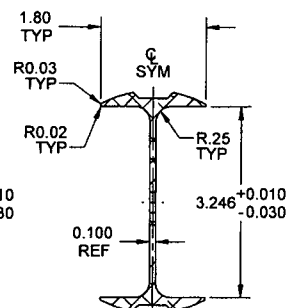
|            |          |                                                                                                                                                                                                                                                                                     |              |
|------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b><br>PORT HADLOCK, WA                                                                                                                                                                                                                                 |              |
| DRAWN      | RF       |                                                                                                                                                                                                                                                                                     |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                         | REV. B       |
| MFG. APPR. |          | D3885                                                                                                                                                                                                                                                                               | SHEET 2 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   |          | WEB                                                                                                                                                                                                                                                                                 | NTS          |
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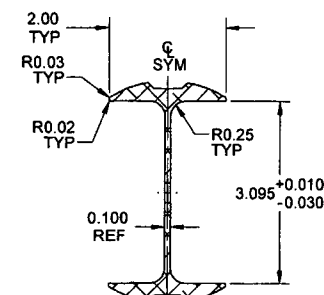
**SECTION A-A  
& SECTION J-J**  
SCALE 5X  
D6-2  
D4-2



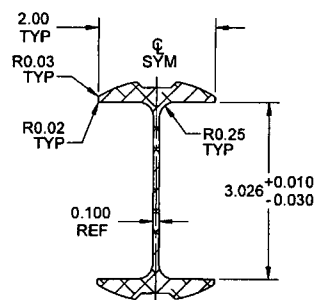
**SECTION B-B**  
SCALE 5X  
D6-2



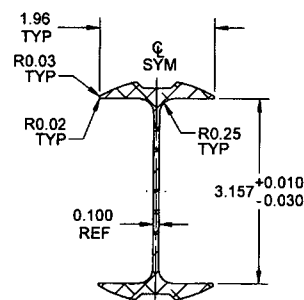
**SECTION C-C**  
SCALE 5X  
D6-2



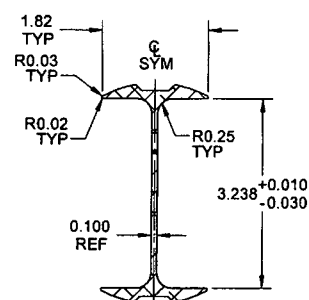
**SECTION D-D**  
SCALE 5X  
D5-2



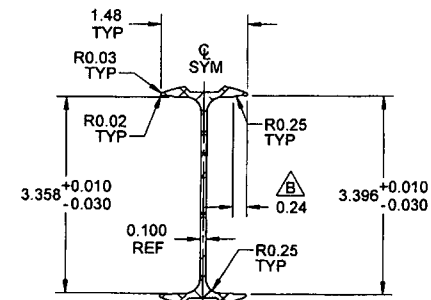
**SECTION E-E  
& SECTION F-F**  
SCALE 5X  
D5-2



**SECTION G-G**  
SCALE 5X  
D4-2



**SECTION H-H**  
SCALE 5X  
D4-2

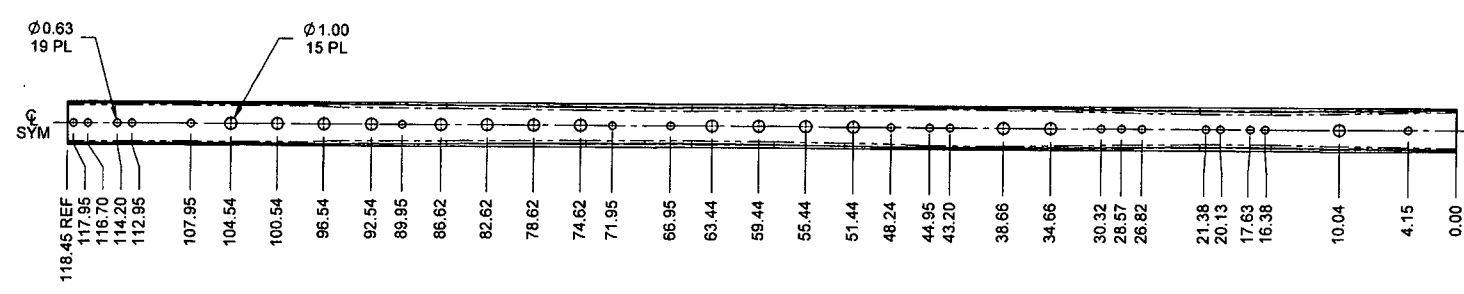
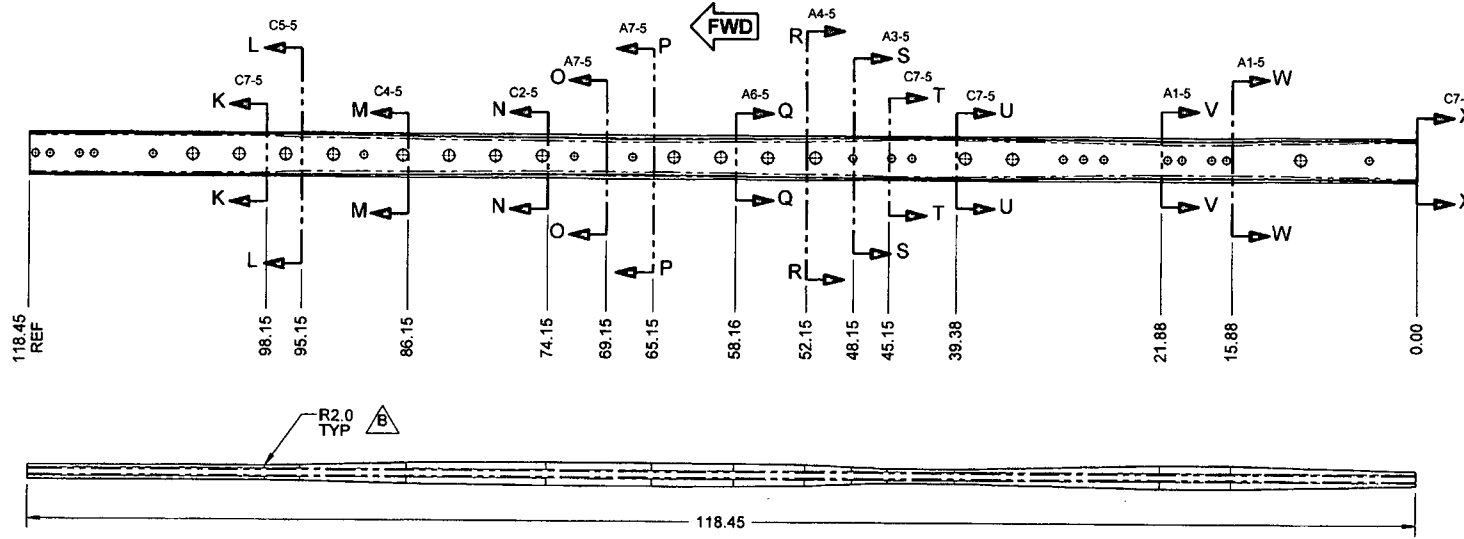


**SECTION I-I**  
SCALE 5X  
D4-2

**D3885-1 STANDARD WEB SECTION VIEWS**

**RELEASED**  
6/27/15

|                                                                                                                                                                                                                                     |                                                                                       |                                              |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                              | RF                                                                                    | <b>DART AEROSPACE USA, INC.</b>              |              |
| DRAWN                                                                                                                                                                                                                               | RF                                                                                    | PORT HADLOCK, WA                             |              |
| CHECKED                                                                                                                                                                                                                             |  | DRAWING NO.                                  | REV. B       |
| MFG. APPR.                                                                                                                                                                                                                          |  | D3885                                        | SHEET 3 OF 5 |
| APPROVED                                                                                                                                                                                                                            |  | TITLE                                        | SCALE        |
| DE APPR.                                                                                                                                                                                                                            |  | WEB                                          | NTS          |
| DATE                                                                                                                                                                                                                                | 09.06.30                                                                              | COPYRIGHT © 2008 BY DART AEROSPACE USA, INC. |              |
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# **D3885-3 FLOAT WEB**

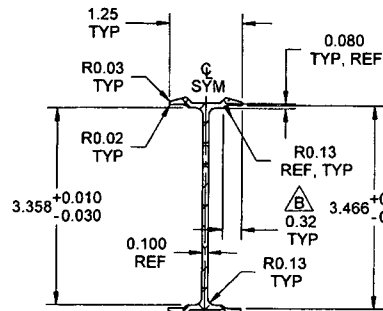
**RELEASED**  
09/07/15/18

## **D3885-3 NOTES:**

- 1) MATERIAL: MAKE FROM D3882-1-130 EXTRUSION
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3885-3" USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 10.14 lbs

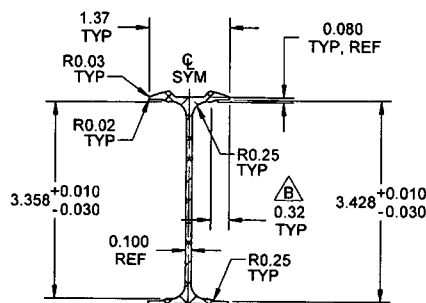
|            |          |                                                                                                                                                                                                                                                                                                     |              |
|------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                     |              |
| DRAWN      | RF       | PORT HADLOCK, WA                                                                                                                                                                                                                                                                                    |              |
| CHECKED    |          | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. B       |
| MFG. APPR. |          | D3885                                                                                                                                                                                                                                                                                               | SHEET 4 OF 5 |
| APPROVED   |          | TITLE                                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   |          | WEB                                                                                                                                                                                                                                                                                                 | NTS          |
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8 7 6 5 4 3 2 1

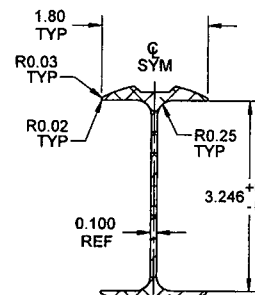


**SECTION K-K  
& SECTION T-T  
& SECTION U-U  
& SECTION X-X**  
SCALE 5X

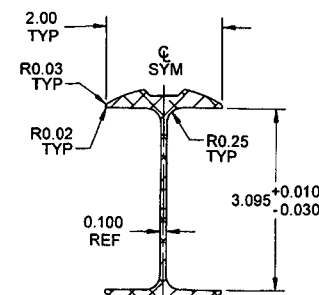
D7-4  
D4-4  
D3-4  
D1-4



**SECTION L-L** D6-4  
SCALE 5X

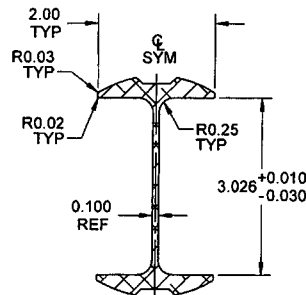


**SECTION M-M** D6-4  
SCALE 5X

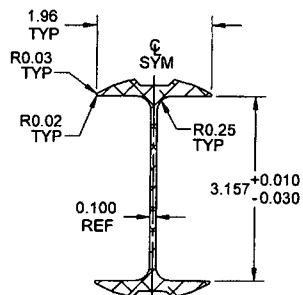


**SECTION N-N** D5-4  
SCALE 5X

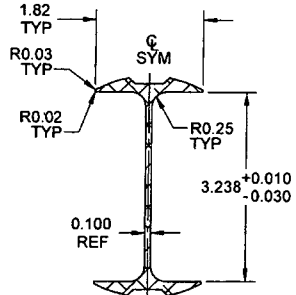
**RELEASED**  
8/27/5 M



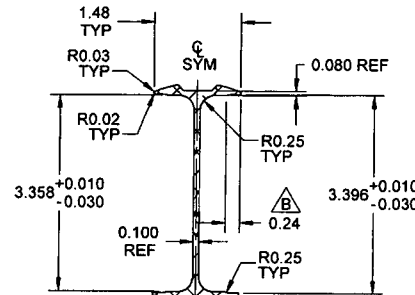
**SECTION O-O  
& SECTION P-P** D5-4  
SCALE 5X



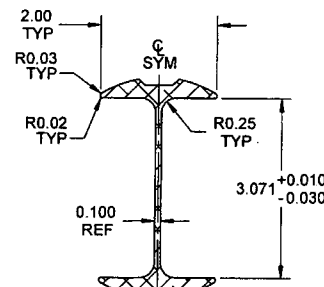
**SECTION Q-Q** D4-4  
SCALE 5X



**SECTION R-R** D4-4  
SCALE 5X



**SECTION S-S** D4-4  
SCALE 5X



**SECTION V-V  
& SECTION W-W** D3-4  
SCALE 5X

**D3885-3 FLOAT WEB SECTION VIEWS**

|            |                                                                                       |                                                                                                                                                                                                                                                                                                     |              |
|------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                                                                                    | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                     |              |
| DRAWN      | RF                                                                                    | PORT HADLOCK, WA                                                                                                                                                                                                                                                                                    |              |
| CHECKED    | RF                                                                                    | DRAWING NO.                                                                                                                                                                                                                                                                                         | REV. B       |
| MFG. APPR. |  | D3885                                                                                                                                                                                                                                                                                               | SHEET 5 OF 5 |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                                               | SCALE        |
| DE APPR.   |                                                                                       | WEB                                                                                                                                                                                                                                                                                                 | NTS          |
| DATE       | 09.06.30                                                                              | COPYRIGHT © 2009 BY DART AEROSPACE USA, INC.<br><small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |              |

8 7 6 5 4 3 2 1



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO30016**

Purchase Order Date 10/5/2015

PO Print Date 10/5/2015

Page Number 1 of 2

**Order From :**

VC-WMP001

WEJAY MACHINE PRODUCTS CO. LTD  
600 O'CONNOR DRIVE  
KINGSTON, ONTARIO K7P 1N3  
CANADA

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone** 613-384-1662

**Ship To Contact**

**Ship To Phone**

**Ship Via:** Journey Freight collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #** 10127-2607

**Terms** Net 30

**Currency** CAD

**FOB** Destination-Collect

| Line Nbr                  | Reference Vendor Part Number<br>Line Comments<br>Delivery Comments | Description/<br>Mfg ID | Req Date/<br>Taxable<br>Promise Date | CD | Req Qty/<br>Unit of<br>Measure | PO Unit Price | Extended Price |
|---------------------------|--------------------------------------------------------------------|------------------------|--------------------------------------|----|--------------------------------|---------------|----------------|
| 1                         | D3885-1P<br>AS PER DWG D3885 REV. B<br>B136841                     | Standard Web           | 11/6/2015<br>Yes<br>11/6/2015        |    | 10.00<br>Each                  | \$495.00      | \$4,950.00     |
| 2015-10-28<br>Line Total: |                                                                    |                        |                                      |    |                                |               | \$4,950.00     |
| 2                         | D3885-1P<br>AS PER DWG D3885 REV. B<br>B136925                     | Standard Web           | 11/6/2015<br>Yes<br>11/6/2015        |    | 10.00<br>Each                  | \$495.00      | \$4,950.00     |
| Line Total:               |                                                                    |                        |                                      |    |                                |               | \$4,950.00     |

Note:

10/5/2015

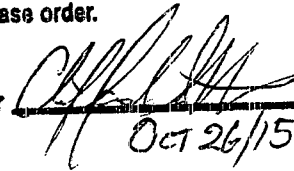


Packing Slip 37597

600 O'CONNOR DRIVE, KINGSTON, ONTARIO K7P 1N3  
TEL: 613-384-1662 FAX: 613-384-2997  
www.wejay.com

SOLD TO  
Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury ON K6A 1K7

SHIP TO  
Dart Aerospace  
1270 Aberdeen Street  
Hawkesbury ON K6A 1K7

|                                                                                                                                                                                                                                                                                                                            |      |                         |                                                                                                                     |                                                                |  |                         |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|-------------------------|--------|
| INVOICE DATE                                                                                                                                                                                                                                                                                                               |      | YOUR ORDER NO.<br>29016 |                                                                                                                     | DATE ORDERED<br>10/06/15                                       |  | SHIPPED VIA<br>Best way |        |
| CUSTOMER CODE<br>DART                                                                                                                                                                                                                                                                                                      |      | PROV. LIC. NO.          |                                                                                                                     | Extra <input type="checkbox"/> Exempt <input type="checkbox"/> |  | TERMS                   |        |
| QUANTITY ORDERED                                                                                                                                                                                                                                                                                                           | B.O. | QUANTITY SHIPPED        | DESCRIPTION                                                                                                         |                                                                |  | UNIT PRICE              | AMOUNT |
| 10                                                                                                                                                                                                                                                                                                                         | 0    | 10                      | Fabricate standard web as per drawing D3885, Rev. B<br>Part number: D3885-1P<br>Batch number: B136841<br>DAS 9 9-89 |                                                                |  |                         |        |
| 10                                                                                                                                                                                                                                                                                                                         | 0    | 10                      | Fabricate standard web as per drawing D3885, Rev. B<br>Part number: D3885-1P<br>Batch number: B136925               |                                                                |  |                         |        |
| All the Above Required by: November 6, 2015                                                                                                                                                                                                                                                                                |      |                         |                                                                                                                     |                                                                |  |                         |        |
| <b>RELEASE NOTE</b><br>I certify that the items listed hereon have been inspected and tested and conform to all specifications and requirements in the contract or purchase order.<br>Inspection Supervisor  <b>WMP 03</b><br>OCT 26/15 |      |                         |                                                                                                                     |                                                                |  |                         |        |
|                                                                                                                                                                                                                                                                                                                            |      |                         |                                                                                                                     |                                                                |  | G.S.T.                  |        |
|                                                                                                                                                                                                                                                                                                                            |      |                         |                                                                                                                     |                                                                |  | P.S.T.                  |        |

ORDER: COMPLETE ☐  
PARTIAL ☐

**TOTAL**

RECEIVED BY \_\_\_\_\_  
1.5% PER MONTH (18% PER ANNUM)  
CHARGED ON OVERDUE ACCOUNTS

NO GOODS RETURNED WITHOUT  
PRIOR AUTHORIZATION



600 O'CONNOR DRIVE, KINGSTON, ONTARIO K7P 1N3

PHONE: (613) 384-1662

FAX: (613) 384-2997

## CERTIFICATE OF COMPLIANCE

| CUSTOMER: Dart Aerospace                                                                                                                                                  | DATE: Oct. 26, 2015 |                                                          |                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------|-------------------------------------|
|                                                                                                                                                                           | P.O.# PO30016       |                                                          |                                     |
|                                                                                                                                                                           | WEJAY JOB# 37597    |                                                          |                                     |
| I hereby certify that the following material has been inspected/tested and conforms to the requirements and specifications as stated in your contract and as noted below. |                     |                                                          |                                     |
| PART NO.                                                                                                                                                                  | QTY.                | PROCESS (ES)                                             | SPECIFICATION / REV                 |
| D3885-1P<br>'Standard Web'<br>Batch# B136841                                                                                                                              | 10                  | Machined complete per drawing req'ts.<br><i>215-1028</i> | D-3885 / rev. B<br>DAS<br>9<br>9-89 |
| D3885-1P<br>'Standard Web'<br>Batch# B136925                                                                                                                              | 10                  | Machined complete per drawing req'ts.                    | D-3885 / rev. B                     |
| Note: 1st article Inspection reports attached                                                                                                                             |                     |                                                          |                                     |

Records of Inspection/Test will be retained for 5 years minimum.

Yours truly,

**Clifford Smith**  
Authorized Q.A. Signatory



600 O'CONNOR DRIVE  
KINGSTON, ONTARIO  
K7P 1N3

# INSPECTION / TEST REPORT

JOB No. 37597

PAGE: 1 of 3

CUSTOMER: Dart Aerospace

CUST. P.O.# PO30016

PART No. D3885-1P

DESCRIPTION: Standard Web

DWG No. D3885 - sheets 2-3

REV. B

E.C.O. --

MATERIAL: Extrusions supplied by DAS

INSPECTOR:

QUANTITY  
REC'D: 1

ACCEPT: 1

REJECT: -

N.C.R.# --

DATE:

OCT 20/15

INSTRUCTIONS, COMMENTS: 1st ARTICLE INSPECTION BATCH #B136925

| ITEM<br>REF.<br>No. | CHARACTERISTIC       | DETAILS   | TOLERANCE     | DWG<br>SHT/ZONE | RESULT      | QTY.<br>INSP. | COMMENTS<br>(ACC. REJ.<br>REW. NMR #) |
|---------------------|----------------------|-----------|---------------|-----------------|-------------|---------------|---------------------------------------|
| 1                   | Hole, Diameter .63"  | 18 places | +0.008/-0.001 |                 | Ø.632/1.633 | 1             | ACCEPT                                |
| 2                   | Hole, Diameter 1.00" | 15 places | +0.010/-0.001 |                 | Ø1.003 TYP  | 1             | "                                     |
| 3                   | 5.51"                |           | +/- .03       |                 | 5.515       | 1             | "                                     |
| 4                   | 11.86"               |           | +/- .03       |                 | 11.858      | 1             | "                                     |
| 5                   | 13.11"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 6                   | 15.61"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 7                   | 16.86"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 8                   | 22.29"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 9                   | 24.04"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 10                  | 25.79"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 11                  | 30.14"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 12                  | 34.14"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 13                  | 38.67"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 14                  | 40.42"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 15                  | 43.71"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 16                  | 46.91"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 17                  | 50.91"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 18                  | 54.91"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 19                  | 58.91"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 20                  | 62.43"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 21                  | 67.43"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 22                  | 70.10"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 23                  | 74.10"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 24                  | 78.10"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 25                  | 82.10"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 26                  | 85.43"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 27                  | 88.01"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 28                  | 92.01"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 29                  | 96.01"               |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 30                  | 100.01"              |           | +/- .03       |                 | O.K.        | 1             | "                                     |
| 31                  | 103.43"              |           | +/- .03       |                 | O.K.        | 1             | "                                     |



# INSPECTION / TEST REPORT

JOB No.

37597

PAGE: 2 of 3

CUSTOMER: Dart Aerospace

CUST. P.O. PO30016

PART No. D3885-1

DESCRIPTION: Standard Web

DWG No. D3885 - sheets 2-3

REV. B

E.C.O. --

| REF. No. | CHARACTERISTIC | DETAILS | TOLERANCE | DWG SHT/ZONE | RESULT | QTY. INSP. | COMMENTS (ACC. REJ. REW. NMR #) |
|----------|----------------|---------|-----------|--------------|--------|------------|---------------------------------|
|----------|----------------|---------|-----------|--------------|--------|------------|---------------------------------|

|    |               |                  |               |  |             |   |                |
|----|---------------|------------------|---------------|--|-------------|---|----------------|
| 32 | 108.42"       |                  | +/- .03       |  | O.K.        | 1 | ACCEPT         |
| 33 | 109.67"       |                  | +/- .03       |  | O.K.        | 1 | "              |
| 34 | 112.17"       |                  | +/- .03       |  | O.K.        | 1 | "              |
| 35 | 113.42"       |                  | +/- .03       |  | O.K.        | 1 | "              |
| 36 | 113.92" o.a.  |                  | +/- .03       |  | O.K.        | 1 | "              |
| 37 | 1.25" TYP     | Section A-A, J-J | +/- .03       |  | 1.249/1.267 | 1 | "              |
| 38 | R.03" TYP     |                  |               |  | O.K.        | 1 | "              |
| 39 | R.02" TYP     |                  |               |  | O.K.        | 1 | "              |
| 40 | 3.358"        |                  | +0.010/-0.030 |  | 3.358/3.366 | 1 | "              |
| 41 | R.13" TYP     |                  |               |  | R.12 TYP    | 1 | "              |
| 42 | .32" TYP      |                  | +/- .03       |  | .320/.325   | 1 | "              |
| 43 | 3.466"        |                  | +0.010/-0.030 |  | 3.458/3.473 | 1 | "              |
| 44 | R.13" TYP     |                  |               |  | R.12 TYP    | 1 | "              |
| 45 | .080 TYP, REF |                  |               |  | O.K.        | 1 | "              |
| 46 | 1.37" TYP     | Section B-B      | +/- .03       |  | 1.367/1.378 | 1 | "              |
| 47 | R.03" TYP     |                  |               |  | O.K.        | 1 | "              |
| 48 | R.02" TYP     |                  |               |  | O.K.        | 1 | "              |
| 49 | 3.358"        |                  | +0.010/-0.030 |  | 3.354/3.360 | 1 | "              |
| 50 | R.25" TYP     |                  |               |  | R.25 TYP    | 1 | "              |
| 51 | .32" TYP      |                  | +/- .03       |  | .325 TYP    | 1 | "              |
| 52 | R.25" TYP     |                  |               |  | R.25 TYP    | 1 | "              |
| 53 | 3.428"        |                  | +0.010/-0.030 |  | 3.425/3.435 | 1 | "              |
| 54 | 1.80" TYP     | Section C-C      | +/- .03       |  | 1.802/1.805 | 1 | "              |
| 55 | R.03" TYP     |                  |               |  | O.K.        | 1 | "              |
| 56 | R.02" TYP     |                  |               |  | O.K.        | 1 | "              |
| 57 | 3.246"        |                  | +0.010/-0.030 |  | 3.240/3.252 | 1 | "              |
| 58 | R.25" TYP     |                  |               |  | R.25 TYP    | 1 | "              |
| 59 | 2.00" TYP     | Section D-D      | +/- .03       |  | 1.986/1.987 | 1 | "              |
| 60 | R.03" TYP     |                  |               |  | O.K.        | 1 | "              |
| 61 | R.02" TYP     |                  |               |  | O.K.        | 1 | "              |
| 62 | 3.095"        |                  | +0.010/-0.030 |  | 3.086/3.100 | 1 | "              |
| 63 | R.25" TYP     |                  |               |  | R.25 TYP    | 1 | "              |
| 64 | 2.00" TYP     | Section E-E, F-F | +/- .03       |  | 1.986/1.988 | 1 | "              |
| 65 | R.03" TYP     |                  |               |  | O.K.        | 1 | "              |
| 66 | R.02" TYP     |                  |               |  | O.K.        | 1 | "              |
| 67 | 3.026"        |                  | +0.010/-0.030 |  | 3.022/3.040 | 1 | " (STOCK SIZE) |
| 68 | R.25" TYP     |                  |               |  | R.25 TYP    | 1 | "              |
| 69 | 1.96"         | Section G-G      | +/- .03       |  | 1.957/1.960 | 1 | "              |
| 70 | R.03" TYP     |                  |               |  | O.K.        | 1 | "              |

| <b>INSPECTION / TEST REPORT</b>   |                |         |           |                                  |        | JOB No. <b>37597</b><br>PAGE: 3 of 3 |                                 |
|-----------------------------------|----------------|---------|-----------|----------------------------------|--------|--------------------------------------|---------------------------------|
| CUSTOMER: Dart Aerospace          |                |         |           |                                  |        |                                      |                                 |
| CUST. P.O. <b>PO30016</b>         |                |         |           |                                  |        |                                      |                                 |
| PART No. <b>D3885-1</b>           |                |         |           | DESCRIPTION: <b>Standard Web</b> |        |                                      |                                 |
| DWG No. <b>D3885 - sheets 2-3</b> |                |         |           | REV. <b>B</b>                    |        | E.C.O. --                            |                                 |
| REF. No.                          | CHARACTERISTIC | DETAILS | TOLERANCE | DWG SHT/ZONE                     | RESULT | QTY. INSP.                           | COMMENTS (ACC. REJ. REW. NMR #) |

|    |           |             |               |  |             |   |        |
|----|-----------|-------------|---------------|--|-------------|---|--------|
| 71 | R.02" TYP |             |               |  | O.K.        | 1 | ACCEPT |
| 72 | 3.157     |             | + .010/- .030 |  | 3.148/3.165 | 1 | "      |
| 73 | R.25" TYP |             |               |  | R-25 TYP.   | 1 | "      |
| 74 | 1.82"     | Section H-H | +/- .03       |  | 1.819/1.822 | 1 | "      |
| 75 | R.03" TYP |             |               |  | O.K.        | 1 | "      |
| 76 | R.02" TYP |             |               |  | O.K.        | 1 | "      |
| 77 | 3.238"    |             | + .010/- .030 |  | 3.229/3.245 | 1 | "      |
| 78 | R.25" TYP |             |               |  | R-25 TYP.   | 1 | "      |
| 79 | 1.48"     | Section I-I | +/- .03       |  | 1.492/1.495 | 1 | "      |
| 80 | R.03" TYP |             |               |  | O.K.        | 1 | "      |
| 81 | R.02" TYP |             |               |  | O.K.        | 1 | "      |
| 82 | 3.358     |             | + .010/- .030 |  | 3.351/3.359 | 1 | "      |
| 83 | R.25" TYP |             |               |  | R-25 TYP.   | 1 | "      |
| 84 | 3.396"    |             | + .010/- .030 |  | 3.385/3.398 | 1 | "      |
| 85 | R.25" TYP |             |               |  | R-25 TYP.   | 1 | "      |
|    |           |             |               |  |             |   |        |
|    |           |             |               |  |             |   |        |
|    |           |             |               |  |             |   |        |